

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>W-G</i>		<i>11/7/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>L2</i>	<i>32</i>	<i>11/8</i>
<b>FORMALITY REVIEW</b>		<i>71090</i>	<i>12/9/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Abandoned  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

# Best Available Copy

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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